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PATENT

Practitioner's Docket No. 701039-051500-C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Snyder, E., et al. Group No.: Not yet assigned
Application No.: 09/939,476 Examiner: Not yet assigned
Filed: 08/23/01
For: ENGRAFTABLE NEURAL PROGENITOR AND STEM CELLS FOR BRAIN
TUMOR THERAPY

Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Preliminary Amendment Transmittal [3 pgs];
2. Preliminary Amendment with Marked Changes [7 pgs];
3. Return Receipt Postcard;

is on the date shown below being:

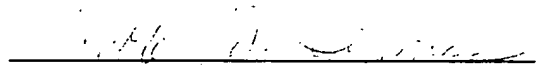
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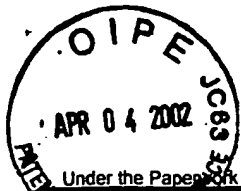
Date: January 31, 2002

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Signature

Nicole M. Gignac
(type or print name of person certifying)



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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 65.00

Complete if Known

Application Number	09/939,476
Filing Date	August 23, 2001
First Named Inventor	Evan Y. Snyder
Examiner Name	To be assigned
Group Art Unit	1636
Attorney Docket No.	701039-051500-C

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account Charge fee deficiencies

Deposit
Account
Number
Deposit
Account
Name

50-0850

NIXON PEABODY LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid
Total Claims Independent Claims Multiple Dependent
-20** = X =
-3** = X =
=

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	65.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 65.00

SUBMITTED BY

Name (Print/Type)	David S. Resnick	Registration No. (Attorney/Agent)	34, 235	Telephone	(617) 345-6057
Signature		Date	3/26/02		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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FOR BRAIN TUMOR THERAPY

CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

January 31, 2002
Date

Nicole M. Gignac
(type or print name of person mailing paper)

[Signature]
Signature of person mailing paper

Assistant Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith is a preliminary amendment for this application.

STATUS

2. Applicant asserts Small Entity status pursuant to (37 C.F.R. 172).

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked below:

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	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 390.00	\$ 195.00
<input type="checkbox"/>	three months	\$ 890.00	\$ 445.00
<input type="checkbox"/>	four months	\$ 1,390.00	\$ 695.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. Section 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After <u>Amendment</u>	Highest No. Previously <u>Paid For</u>	Present <u>Extra</u>	Rate	Addit. <u>Fee</u>	<u>OR</u>	Other Than A <u>Small Entity</u>	Addit. <u>Fee</u>
Total: 7	Minus 15	= 0	x \$9 =	0		x \$18 =	\$
Indep.: 2	Minus 3	= 0	x \$40 =	0		x \$80 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim				+ \$135		+270 =	\$
Total				<u>Addit. Fee</u> = \$	0.00	<u>OR</u>	Total <u>Addit. Fee</u> = \$

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(complete (c) or (d), as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ _____.

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ _____.
 ☐ Charge Account No. _____ the sum of \$ _____.
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0850.

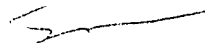
AND/OR

☒ If any additional fee for claims is required, charge Account No. 50-0850.

Date: January 31, 2002

Respectfully submitted,

Customer No.: 26770



David S. Resnick (Reg. No. 34,235)
Lana A. Shvartsman (Reg. No. 48,502)
NIXON PEABODY LLP
101 Federal Street
Boston, MA 02110
Tel: (617) 345-6057

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Nicole M. Gignac
(type or print name of person mailing paper)

[Signature]
Signature of person mailing paper

Assistant Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

Please amend the application as follows:

IN THE SPECIFICATION:

On page 6, please replace the second paragraph, beginning at line 13, with the following paragraph:

Figures 4A, 4B, 4C, 4D, 4E, 4F and 4G illustrate neural progenitor/stem cells implanted at distant site from main tumor bed migrating throughout normal tissue target CNS-1 tumor cells; (Figs. 4A, 4B) same hemisphere: 3×10^4 CNS-1 tumor cells implanted into right frontal lobe. On day 6, 4×10^4 C17.2 cells injected into right frontoparietal lobe (4mm caudal tumor injection). Animals sacrificed on day 12 (shown) and day 21, C17.2 cells seen in tumor bed (Xgal and neutral red). (Figs. 4C, 4D, 4E) Contralateral hemisphere: 3×10^4 CNS-1 tumor cells implanted into left frontal lobe and 5×10^4 CNS-1 tumor cells implanted into left frontoparietal lobe. On day 6, 8×10^4 C17.2 cells were injected into right